

November 13, 2002

DIRECTIVE:	JOB CORPS INFORMATION NOTICE NO. 02-13
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TO: ALL JOB CORPS NATIONAL OFFICE SENIOR STAFF
ALL JOB CORPS REGIONAL DIRECTORS
ALL JOB CORPS CENTER DIRECTORS
ALL JOB CORPS CENTER OPERATORS
ALL NATIONAL TRAINING AND SUPPORT CONTRACTORS

FROM: RICHARD C. TRIGG
National Director
Office of Job Corps

SUBJECT: Reducing the Risk of Suicidal Behavior in Job Corps

1. Purpose. To promote continued awareness in the prevention of suicidal behavior among Job Corps students.
2. Background. Suicide is a serious public health concern that is on the rise for youth. For young people 15-24 years old, suicide is among the three leading causes of death. In 1998, more teenagers and young adults died of suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia and influenza, and chronic lung disease combined. Persons under the age of 25 accounted for 4,459 suicides in the U.S. The 1998 suicide rate for youth ages 15-19 was 8.9 per 100,000, and 13.6 per 100,000 for young people ages 20-24.

It is important to note that suicidal behaviors in young people are usually the result of a process that involves multiple social, economic, familial, and individual risk factors, with mental health problems playing an important part. Identified risk factors for suicide and attempted suicide for young people include the following: mood disorders, substance abuse disorders, certain personality disorders, low socioeconomic status, childhood maltreatment, parental separation or divorce, inappropriate access to firearms, and interpersonal conflicts or losses. Firearms (60%) and hanging (26%) were the two most common methods of suicide used by persons 24 years of age and younger. Males under the age of 25 are much more likely to commit suicide than their female counterparts. Studies examining the relationship between suicidal behavior and sexual orientation have shown there is an increased risk for suicide attempts among youth reporting gay/lesbian/bisexual orientation, especially for males.

Our Job Corps student population is among the rising categories affected by suicidality. In Program Year 2001 we had 103 suicide attempts (8 off-center, 95 on-center), 91 suicide

threats (3 off-center, 88 on-center), and 1 suicide (off-center). These figures, and the trend among the age group of our students, require our utmost attention in screening, suicide prevention, and our standard procedures for dealing with suicidal behavior on-center.

The most promising way to prevent suicide and suicidal behavior is through the early recognition and treatment of depression and other psychiatric illnesses. Many of our students who attempt suicide enter into the Job Corps program without revealing a history of mental health difficulties. However, we are finding that many of these students not only have significant mental health histories, but have a history of previous suicide attempts.

In our Job Corps student population, the strongest risk factors are depression, alcohol and/or other drug use disorders, previous suicide attempts, and aggressive or disruptive behaviors. Consequently, the recognition of these factors, coupled with appropriate evaluation, is one of the most promising ways to prevent suicide and suicidal behavior on-center. Recognition and appropriate treatment of mental and substance abuse disorders hold the greatest suicide prevention value. Centers should make quick referrals to counseling, TEAP, or the center mental health consultant (CMHC) if a student is in need of mental health or substance abuse intervention.

In terms of suicide attempts, the majority of suicide attempts in the 16 - 24 age range are expressions of extreme distress that need to be addressed, and not viewed as just harmless bids for attention. A suicidal student should not be left alone and needs to be referred for immediate mental health services. According to the Centers for Disease Control and Prevention (CDC), young people who make one attempt are at an elevated risk to make another attempt. This repetition is most likely to occur within 3-months of the initial attempt. In addition, exposure to suicide may increase the risk for suicidal behavior in other youth on-center.

3. Action. At the center level, each Job Corps staff person should be trained in recognizing the risk factors and early warning signs associated with suicide, such as withdrawing from activities, dramatic changes in personalities, and significant changes in eating habits or sleeping habits. (Please refer to Program Instruction 95-23, Adolescent Suicide Prevention, dated April 5, 1996, and Information Notice 00-06, Suicide Prevention in Job Corps, dated October 4, 2000.)

All center staff must take seriously, students who express suicidal thoughts or who attempt suicide, whether it is for attention or due to a psychiatric disorder. Center directors need to ensure that appropriate assessments by qualified (licensed) mental health professionals (CMHC or an off-center mental health facility) be completed within the guidelines and timeframes shown below:

- Suicide Attempts—Immediately: with one-on-one supervision until an assessment by a licensed professional with recommendations is completed.
- Suicidal Ideations—Within 24 hours: with one-on-one supervision until an assessment with recommendations is completed.

While suicidal ideations are common among adolescents, suicide attempts are not a

normal reaction to stress and the student must be carefully and quickly considered for medical separation. If a center elects to maintain a student on-center, there must be a clear, consistent follow-up plan that includes counseling staff and the CMHC. This plan should be more than a behavioral contract and must be documented in the student's health record.

PRH-6: 6.12, R9(a) requires that the center physician and center director review center standing orders annually. Regional office staff, when reviewing standing orders, should look closely at how centers propose to respond to suicidal behavior. As a follow-up to this review, regional mental health consultants will provide telephone technical assistance to centers, if needed. This is a serious problem that dictates a comprehensive approach from all of us in the Job Corps community.

For an excellent resource in designing your suicide prevention program on-center, request the document *Youth Suicide Prevention Programs: A Resource Guide*, published in September 1992 by the CDC. You can download the document online at www.cdc.gov/ncipc/pub-res/youthsui.htm or call the CDC at (800) 311-3435.

The center can also elect to participate in National Suicide Prevention Month, which is in December. For additional information and resources contact:

- The American Association of Suicidology, (202) 237-2280, www.suicidology.org
- The American Foundation for Suicide Prevention, (212) 363-3500, www.afsp.org
- SAVE (Suicide Awareness Voices of Education), (952) 946-7998, (888) 511-SAVE, www.save.org
- Suicide Prevention Advocacy Network, (770) 998-8819, www.spanusa.org

4. Expiration Date. Until superseded.

5. Inquiries. Direct any inquiries to Barbara Grove, RN, at (202) 693-3116, or email to BGrove@doleta.gov.

Attachments:

A - *Frequently Asked Questions about Suicide*

B - *Common Misconceptions about Suicide*, American Foundation for Suicide Prevention, National Institute of Mental Health, and Suicide Awareness Voices of Education